U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Thomas A. Balabuch

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number

P.O. Box, Building and Room Number, if any

4. Name, file number, and address of labor organization.

//// 04 Through: 12/3//04

SHEET METAL WORNERS Local 292

Street 7360 E, LYNNE CT.	Street 64 Park ST.
City WASHINGTON	City TROY MI.
State Miehigar ZIP Code + 4 480 95	State Michign ZIP Code + 4 48083
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SHEET METAL WORKERS	EXPENSES IN CONNECTION WITH 2003 ANNUAL EMPloyEE BENEFIT CONF.
Trade Name, if any: Local #292 SHEET METAL WORKERS	IN SAN DEEGO CALIFORNIA.
P.O. Box, Bldg., Room No., if any	(SEE ATTACHED)
Street 64 PARK ST.	7.b. Amount. (SEE ATTACHED TRUSTEE VOUCHER)
city TRay MI 48065	1
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F	Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

B. Held an interest in or derived income or economic benefit with monets substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business is actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment,	
Name			
Trade Name, if any:	. /		
P.O. Box, Bldg., Room No., if any	N/A		
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

TRUSTEE EXPENSE VOUCHER

SHEET METAL LOCAL 292 SUPPLEMENTAL UNEMPLOYMENT BEN	ENFIT FUND
(Name of Trust Fund(s))	
THIS VOUCHER IS FOR:	
EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING ATON	
(Location) EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT 2003 ANNUAL EMPLOYER	
ON NOVEMBER 9 - 13, 2003PONSORED BY IFEBP - SAN DIEGO, CALIFORNIA	
(Session Date(s))	
© OTHER:(Describe Reason for Incurring Expenses)	
TRANSPORTATION:	
DATE OF DEPARTUREDATE OF RETURN	
■ PRIVATE AUTOMOBILE MILES AT ¢ PER MILE	\$
TALL TACK TOOL TO BILL)	\$
TO CE OF MOTEL:	
MEETING REGIOTE (ATTACH COPY OF BILL)	901791
MELTING REGISTRATION FEE:	
MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)	·
DAILY EXPENSES:	····· \$
DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)	-0003
TOTAL FYPENSES	\$ <u>578.55</u>
TOTAL EXPENSES	\$ 15%, 23
SETTLEMENT TOTAL EXPENSES WHICH I INCLUDED	
TOTAL EXPENSES WHICH I INCURREDs 1596.0 S 1596.0	<u>· 3</u>
	
EQUALS REFLIND WHICH LOWE TO TOUGHT THE TOU	
REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED	····
OR AMOUNT OWING ME THE THE THE THE THE THE THE THE THE TH	
AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 896.23	
HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WE CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.	IICH I INCURRED IN
DATED THIS DAY OF 20	
(Signature of Trustee)	
Address and City) NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, notel deposits, registration fees or any other item hundred on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: if the hotel or motel bill contains a charge of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the nation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted.	sable. It such expenses are for a double room because
SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):	2356

TRUSTEE EXPENSE VOUCHER

SHEET METAL LOCAL 292 - HEALTH, ANNUITY AND PENSION FUNDS
(Name of Trust Fund(s))

EXPENSES IN CONNECTION W					
EXPENSES IN CONNECTION A			(Location)	ON	(Date(s))
■ EXPENSES IN CONNECTION W	ITT ALLENDANCE AT EDU	CATIONAL MEET	NG AT 2003 ANNUA	L EMPLOYEE	BENEFIT CONFE
ON <u>NOVEMBER 9 - 13,</u> (Session Date(s))	2003SPONSORED BY_	IFEBP -	SAN DIEGO, CALI	(Location FORNIA	1)
OTHER:			(Meeting Spo	onsor)	
	(Describe	Reason for Incurring	Expenses)		
TRANSPORTATION:					
	DATE OF DETRI	•••			
DATE OF DEPARTURE					
PRIVATE AUTOMOBILE AIRFARE TRAIN BUS RENTACAR AT MEETING LOCATIO	MILES AT		¢ PER MILE	*******************	\$
BENTACAR AT MEETING LOGICAL	(ATTACH COPY OF TICK)	ΞΤ)		******************	\$
	ON (ATTACH COPY OF BILL))			ę ·
HOTEL OR MOTEL:			S-0 000 000 000 000 000 000 000 000 000	*****************	Yesses 40
MEETING REGISTRATION FEE	TACH COPY OF BILL) TO	be rem	bursed to L	1297	(00-0
MEETING REGISTRATION FEE	· · · · · · · · · · · · · · · · · · ·	***************************************			(\$ 797-9
■ MEETING REGISTRATION FEE EXP	PENSE (ATTACH RECEIOT)				
MEETING REGISTRATION FEE EXP	- to 2 (it morriscozie).	#*****************************		*****************	\$
■ DAILY EXPENSES (FROM REVERSE	E SIDE OF VOLIGIES				****
■ DAILY EXPENSES (FROM REVERSE	TOTAL THE TAREA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************	***********************	\$_
	OWE DO LINGED	*****************************	***************************************	***********	\$ 598.3
TOTAL EXPENSES V	SE	TTIEMENT			
LESS THE AMOUNT	MT ! DESCRIPTION AS A	**************	\$	<u>598.3</u>	3
-100 HTL ANDON	VHICH I INCURRED NT I RECEIVED AS AN ADV	ANCE (IF ANY).	\$	700.00	_
		EQUALS			_
. WE THE OND WITH I	OWE TO TRUST FUND MY	CHECK IS ATTA	CHED\$	101.6	7
		OR			
HEBERY CORTION THE AMOUNT OWING N	ME BY TRUST FUND. I REC	IUEST REIMBUR	SEMENT		
HEREBY CERTIFY THAT THE EXPENSE CONNECTION WITH THE TRUST FUND A		CHER ARE THE P	ROPER AND ACTUAL E	XPENSES WHIC	H I INCURRED IN
	DATED THIS	DAY OF	, 20		
(Signature of Trustee))				
TETOTRUSTEE: The unushor in for a			(Address	and City)	
TETOTRUSTEE: This voucher is for expenses personant from this voucher. If you travel with a first fund, do not list on this voucher. If you travel with a first ded on any of the attached bills or receipts, you should be coupancy by a family member, subtract the difference the first difference is the first of they are otherwise included with air transpoon on the reverse side of this voucher. Reimbursement	the interfecessary adjustments on between the double room and a single mation or included on notel or motel b of expenses claimed on this voucher i	ine bill or receipt. (For a noom and indicate on ills. If any expense item s subject to any expens	xample: If the hotel or motel bill o the bill that only the balance is be I requires an explanation, mark th e policy or limitation which may n	ontains a charge for a ing charged to the trut he Item with an astens ave been adopted by t	n i such expenses are double room because
SPACE FOR USE OF AD	MINISTRATIVE AGENT OR F	OR APPROVAL O	ETDIET OFFICERS II		*******************************

DAILY EXPENSES (A					
NUMBER OF DAYS SPENT				S	.
DATE: NOV 7, 20	<u>, 003</u>	DATE: NOV 8	~~	DATE: NO	V92003
BREAKFAST & TIP	s <u>10.39</u>		s <u>3</u>	:88 breakfast&	TIP \$
LUNCH & TIP	s 19.95	LUNCH & TIP	s <u>/0</u>	1.95 LUNCH & TIP	s 46.4
DINNER & TIP	s <u>44.45</u>	DINNER & TIP	s 🔁	DINNER & TIP	s 45.4
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$	BEVERAGES &	TIP S
PORTERS—BELLMEN	\$ 10.00	PORTERS-BELLMEN	MAID \$ 5	PORTERS—BEI	LMEN \$ 5.00
LIMOS-TAXIS-BUSES	s <u>35,00</u>	LIMOS-TAXIS-BUSES	s <u>4</u>	7ºº LIMOS-TAXIS-E	USES s 50 °°
(Other)	\$	(Other)	\$	(01)	\$
TOTAL THIS DATE	s 109.79	TOTAL THIS DATE	s 66	(OH) TOTAL THIS DAT	
DATE: Nov 10, 200 BREAKFAST & TIP LUNCH & TIP DINNER & TIP BEVERAGES & TIP PORTERS—BELLMEN MA LIMOS-TAXIS-BUSES (Other) TOTAL THIS DATE	\$ 19.95 \$ 38.95 \$ 500 \$ 3460 \$	DATE: NOV 1 6 BREAKFAST & TIP LUNCH & TIP DINNER & TIP BEVERAGES & TIP PORTERS—BELLMEN A LIMOS-TAXIS-BUSES (Other) TOTAL THIS DATE	<u> </u>	ATTAC	RE THAN FIVE DAYS, CH AN ADDITIONAL DUCHER SHEET
TOTAL OF ALL DAILY EXPENS (Transfer amount to	SES \$	Lext Pag	JC -		
EXPLANATIONS (IF NEEDED);					
		W7492 W1 11 12			
					, -
			, , , , , , , , , , , , , , , , , , , ,		

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



		S FOR ALL MEAL EXPEN	SES AND AN	Y SINGLE ITEM OF \$25	OR MORE):
DATE: NOV 12 20	03	DATE: NO V 13, 20	9	DATE:	
HOTEL ROOM PLUS TAX	\$	HOTEL ROOM PLUS TAX	\$	HOTEL ROOM PLUS TAX	\$
BREAKFAST & TIP	\$ 16.95	BREAKFAST & TIP	s 12.98	BREAKFAST & TIP	\$
LUNCH & TIP	\$ 12.50	LUNCH & TIP	\$ 4650	LUNCH & TIP	\$
DINNER & TIP	\$	DINNER & TIP	\$	DINNER & TIP	\$
BEVERAGES & TIP	\$	BEVERAGES & TIP	\$	BEVERAGES & TIP	\$
PORTERS-BELLMEN_ MAID	\$ 5 00	PORTERS-BELLMEN	\$ 10.00	PORTERS-BELLMEN	\$
LIMOS-TAXIS-BUSES	\$ 18.00	LIMOS-TAXIS-BUSES	\$ 18.00	LIMOS-TAXIS-BUSES	\$
(Oil - A	\$	PARKing -	\$ <u>39.0</u> 0	PARKING -	\$
(Other)	\$ <u>5</u> 2.45	(Other) I	79.00	(Other) TOTAL THIS DATE	•
TOTAL THIS DATE	\$ <u>U & . ~</u> J	TOTAL THIS DATE	2 The Property	TOTAL THIS DATE	\$
DATE:		DATE:			
HOTEL ROOM PLUS TAX	<u> </u>	HOTEL ROOM PLUS TAX	- •		
BREAKFAST & TIP	\$	BREAKFAST & TIP	\$		
LUNCH & TIP		LUNCH & TIP	\$		
•		DINNER & TIP	\$	IF MORE THAN FIVE	DAYS,
		BEVERAGES & TIP	\$	ATTACH AN ADDITIO	ONAL
PORTERS-BELLMEN		PORTERS—BELLMEN	\$	VOUCHER SHEET	
		LIMOS-TAXIS-BUSES	\$		
7400	\$:	\$		
(Other)		(Other)			
TOTAL THIS DATE	\$	TOTAL THIS DATE	\$		
TOTAL OF ALL DAILY EXPENSES		8.33 int to front side of voucher)			
EXPLANATIONS (IF NEEDED):					
			and the second s		<u> </u>
"Reimbursable expenses" shall n personal recreational expenses s	ot include experuch as golf, tenn	nses of a personal nature or thos is, rental of fishing boat and in-ro	e expenses which	th are not related to fund busine not reimbursable expenses.	ss. For example,

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

DISCLAIMER

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may need to customize the form to reflect your Fund's policies and circumstances.

Name & Address

BALABUCH, TOM 64 PARK ST

TROY, MI 48083



7450 Hazard Center Drive • San Diego, CA 92 Phone (619) 297-5466 • Fax (619) 297-5499 Reservations www.doubletree.com

Room Arrival Date Departure Date 201/BQQN 11/07/0312:18PM 11/13/038:47AM

Adult/Child Room Rate

2/3 \$ 150.00

RATE PLAN C-IFE HH# 895788607 SILVER AL:

BONUS AL:

CAR:

CONFIRMATION NUMBER: 87512323

11/13/03

PAGE

)					
DATE	REFERENCE	DESCRIPTION		AMOUN'	r	
09/29/03	1468993	CHECK WILLIAMS DODG 44				
11/07/03	1513479	CHECK (NUMBER 098914)		(\$350.00)		
11/07/03	1	GUEST ROOM		\$150.00		
11/07/03	1513479	TRANSIENT OCCUPANCY TAX		\$15.75		
•	1513479	CA TOURISM TAX		\$0.15		
11/08/03	1514364	TELEPHONE-LOCAL	-	\$1.25		
11/08/03	1514379	TELEPHONE-LOCAL		\$1.25		
11/08/03	1514570	GUEST ROOM	1	\$150.00		
11/08/03	1514570	TRANSIENT OCCUPANCY TAX	,	\$15.75		(8.
11/08/03	1514570	CA TOURISM TAX		\$0.15	ļ	
11/09/03	1515509	GUEST ROOM		\$150.00	ļ	
11/09/03	1515509	TRANSIENT OCCUPANCY TAX	The state of the s	\$15.75		
11/09/03	1515509		1015	\$0.15	,	
11/10/03	1516568	GUEST ROOM	* 6 ,,	\$150.00		
11/10/03	1516568	TRANSIENT OCCUPANCY TAX	va avis	\$15.75	· `	
11/10/03	1516568	CA TOURISM TAX	A MIRR	\$0.15		
11/11/03	1517673	GUEST ROOM		\$150.00		77
11/11/03	1517673	TRANSIENT OCCUPANCY TAX		\$15.75		
11/11/03	1517673	CA TOURISM TAX		\$0.15]
11/12/03	1518911	GUEST ROOM		\$150.00		
11/12/03	1518911	TRANSIENT OCCUPANCY TAX		\$15.75	1	
			,		'	
	10.00					· 1
ACCOUNT NO.			DATE OF CHARGE	FOLIO NO./CHE 227107	CK NO. A	
CARD MEMBER NA	ME		AUTHORIZATION		INITIAL	
STABLISHMENT N	O. & LOCATION	ESTABLISHMENT ACREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SERVI	CES		
			TAXES			
			TIPS & MISC.			
CARD MEMBER'S SI	GNATURE		TOTAL AMOUNT			
X			TOTAL AMOUNT	0.00)	



















Name & Address

BALABUCH, TOM 64 PARK ST

TROY, MI 48083

DoubleTree* HOTEL

7450 Hazard Center Drive • San Diego, CA 92108 Phone (619) 297-5466 • Fax (619) 297-5499 Reservations www.doubletree.com

SAN DIEGO - MISSION VALLEY

Room Arrival Date Departure Date 201/BQQN 11/07/0312:18PM 11/13/038:47AM

Adult/Child Room Rate

2/3 \$ 150.00

RATE PLAN C-IFE HH# 895788607 SILVER

BONUS AL:

CAR:

CONFIRMATION NUMBER: 87512323

11/13/03

PAGE 2

DATE	REFERENCE	DESCRIPTION		AMOUNT]	
11/12/03 11/13/03	1518911 1519484	CA TOURISM TAX AX **********1014 12/06		\$0.15 (\$647.90)		
			**BALANCE **	\$0.00		
; ;		. EXPENSE REPORT SUM	/MARY			
ROOM & TAX TELEPHONE DAILY TO	TAL.	11/07/03 11/8/2003 11/9/2003 \$165.90 \$165.90 \$165.90 \$0.00 \$2.50 \$0.00 \$165.90 \$168.40 \$165.90	11/10/2003 \$165.90 \$0.00 \$165.90			0
ROOM & TAX	į	11/11/03 11/12/2003 STAY TOTAL \$165.90 \$165.90 \$3595.40		TEUR	 	
TELEPHONE DAILY TO	TAL	\$0.00 \$0.00 \$2.50 \$165.90 \$165.90 \$997.90	فالمستحدث والمستحد	292L		T
	Hilton HHonor this stay or an	s (R) stays post to your account within 48 ho v other stay at more than 2,500 hotels worldw	urs of checkout. To c wide visit www.hiltonh	heck your earnings for honors.com.	<i>1</i>	
LCCOUNT NO						
ACCOUNT NO. AX *********	***1014	12/06	DATE OF CHARGE 11/07/03	FOLIO NO./CHECK NO. 227107 A		
CARD MEMBER NAM			AUTHORIZATION 544220	INITIAL		
ESTABLISHMENT NO.	& LOCATION	EXTABLISHMENT ACREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SERVI	CES		
			TAXES		\bigvee	
			TIPS & MISC.		`	
CARD MEMBER'S SIGN			TOTAL AMOUNT	-647.90		
TERCHANDISE AND/OR SERVICE	ES PURCHASED ON THIS	CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.	PAYMENT DUE UPON RECEIP	. ISS PER MONTH INTEREST CHA	RGE WILL BE APP	LIED TO ALL PAST DUE















Hüton Garden Imm



SMW Local 292 Health Fund
Check Register
For the Period From Jan 1, 2004 to Dec 31, 2004

Date	Check #	Line Description	Debit Amount	Credit Amount	
4/23/04	5387	2003 Annual Employee Benefit Conference Reimbursement Balabuch, Thomas	298.74	298.74	
	Total		298.74	298.74	

SMW Local 292 Pension Fund Check Register For the Period From Jan 1, 2004 to Dec 31, 2004

Date	Check #	Line Description	Debit Amount	Credit Amount
4/23/04	4232	2003 Annual Employee Benefit Conference Reimbursement Balabuch, Thomas	298.75	298.75
	Total		298.75	298.75

SMW Local 292 Annuity Fund Check Register For the Period From Jan 1, 2004 to Dec 31, 2004

Date	Check #	Line Description	Debit Amount	Credit Amount	
4/23/04	2356	2003 Annual Employee Benefit Conference Reimbursement	298.74		
		Balabuch, Thomas		298.74	
	Total		298.74	298.74	